



# CERTIFICATE OF OCCUPANCY APPLICATION

City of Lindale  
P.O. Box 130 /105 Ballard Dr.  
Lindale, TX 75771  
Phone: 903-882-6861 Fax: 903-881-8170  
Email: [jseilag@Lindaletx.gov](mailto:jseilag@Lindaletx.gov)

Application Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Type of C/O: ☐ Commercial \$80.00 ☐ Residential \$80.00 ☐ Clean and Show (No Occupancy Allowed) \$40.00

Reason for C/O: ☐ New Business ☐ New Owner ☐ Name Change ☐ Relocation ☐ Building Use Change

Business Name: _____	Office # _____
Business Address: _____	Suite # _____
Business Contact Name: _____	Phone # _____
Mailing Address, City, State, Zip Code: _____	
Email: _____ (If you would like certificate of occupancy emailed once approved)	

**Business Use/Property Use:** ☐ Auto Repair ☐ Barber/Hair Salon ☐ Church ☐ Day Care ☐ Nail Salon ☐ Retail  
☐ Restaurant ☐ Office ☐ Warehouse ☐ Service ☐ Other: \_\_\_\_\_

**Remodeling:** Is or will there be any building, site or interior alterations or remodel ☐ No ☐ Yes\* If yes, I understand that the use is limited to the proposed use I have described, any repairs, remodeling or alterations are not permitted without first obtaining building permit. If, Commercial it must meet all ADA requirements.

**Permanent Sign:** Will signs be installed or refaced? ☐ No ☐ Yes\* If yes, a sign permit is required.

## Please Check All Services Needed Below:

- ☐ **Electric:** will require a permanent power inspection (this is to release power to the utility provider).
- ☐ **Gas:** a licensed plumbing contractor must obtain a plumbing permit, perform gas test as per code, call for inspection for inspector to verify test, if test passes notification will be sent to CenterPoint Energy. Arrangements to have the gas service reconnected need to be made by you directly with the gas company.
- ☐ **Water & Garbage:** \* will require an account to be established by the responsible party **Tenant** ☐ **Owner** ☐ : This may be done after CO submittal and payment. Contact City of Lindale Water Department at 903-882-3422. \* If the certificate of occupancy is not approved, services will be disconnected.

Property Owner of the Building: _____
Address, City, State, Zip Code: _____
Phone # _____ Email: _____

Grease Trap: ☐ Yes ☐ No Fire Sprinkler: ☐ Yes ☐ No Smoke Alarms: ☐ Yes ☐ No

Will food or beverage be manufactured, packaged, stored, distributed, sold or pre-pared in any manner other than vending machines? ☐ Yes ☐ No

**Does your Business involve storage, sale, or use of the following?**

Flammable or combustible liquids (10 gal. or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol Sale /on-site consumption	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High piled storage of combustible items	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dust producing equipment or materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compressed gasses or Lp Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives, Ammunition or Fireworks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Magnesium or Paint/Flammable Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poisonous or Hazardous Chemicals or Acids	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Requirements for C/O Inspection** (Covers most Cases)

All Commercial businesses in Lindale must have a Certificate of Occupancy. This includes new business, business name changes, relocation of business, or expansion of business.

**Copies of required documents listed below must be submitted with your application if applicable**

- DBA ("Doing Business As" --County Clerk's Office--200 E. Ferguson, Tyler, TX-- 903-590-2600
- Federal Tax ID #-IRS.gov --SS-4 form to apply for fed tax ID.
- Texas Sales and Use Permit -- State Comptroller--3800 Paluxy Dr. Suite 300, Tyler, TX -- 903-534-0333 \*If you will be collecting Sales tax.
- Suite number on front of suite and building address numbers posted on front of building facing the street in contrasting colors building minimum 6 inches. (readable from road)
- Address on electrical service meter. Electrical panel that is sealed, labeled, intact, grounded, and has proper clearance.
- 5 lb. ABC tagged fire extinguisher (minimum of one) at each Exit Door. Exit signs lights must be operational.

**Restaurant:**

- All of the above
- Tagged fixed hood system (grease laden vapors appliance) or open flame cooktops
- 20 rated BC portable fire extinguisher of Special K (grease laden vapors)
- Occupancy Content
- Grease Trap Ordinance Compliance Required
- **No open cooktops are allowed in Commercial Occupancies unless protected with vent-a-hood with fire extinguisher system.**

**NOTICE TO APPLICANT:** Occupancy is not permitted before Certificate of Occupancy is issued. A certificate of occupancy will not be issued on any building or structure, or portion thereof, until all provisions of the code or other Ordinances of the City of Lindale are met. Property must have a final inspection prior to issuance of Certificate of Occupancy. Call 903-882-6861 to schedule inspection. Upon approval, you can pick up your certificate or can be emailed. Any certificate of occupancy issued based on incorrect information supplied on this application may be revoked. Signature of occupant's agent constitutes approval for city employees to enter the property for necessary inspections.

**Receipt & Acknowledgement**

This form shall be signed by the applicant prior to approval of Certificate of Occupancy permit application. This form will be attached to the approved Certificate of Occupancy permit on file. I have read the information provided in the Certificate of Occupancy Application and hereby agree that if a Certificate of Occupancy permit is issued, all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I hereby agree to comply with all State and Local laws and Ordinances.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Zoning Approved \_\_\_\_\_ Denied \_\_\_\_\_